FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1308466

| | OMB APP | ROVAL |
|---|-----------------|--------------|
| | OMB Number: | 3235-0076 |
| | Expires: | May 31, 2005 |
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| Prefix | Serial |
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| DATE R | ECEIVED |
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| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Kidsational, Inc. | |
|---|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | PROCESSED |
| A. BASIC IDENTIFICATION DATA | NOV 1 2 2006 |
| 1. Enter the information requested about the issuer | 7 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Kidsational, Inc. | THOMSON FINANCIAL |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 7505 Waters Ave., Ste. C7 Savannah, GA 31406 | Telephone Number (Including Area Code) 912-352-8100 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Children's safety products | 100 mg/m |
| Type of Business Organization Corporation Limited partnership, already formed other (p business trust limited partnership, to be formed | clease specify): |
| Month Year Actual or Estimated Date of Incorporation or Organization: 077 98 K Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction) | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter X Beneficial Owner X Executive Officer X Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Ruff, Steve Business or Residence Address (Number and Street, City, State, Zip Code) 7505 Waters Avenue, Ste. C7 Savannah, GA 31406 Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director General and/or Managing Partner Full Name (Last name first, if individual) Howie, Edward J. Business or Residence Address (Number and Street, City, State, Zip Code) Same Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Director Promoter Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|                                                                                                                                        |                                                  |                                            |                                        | <u>.</u> B                                   | . INFORM                                     | ATION AB                                   | OUT OFFE                                   | RING                                          |                                                   |                                |                                       |           |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|----------------------------------------|----------------------------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------|---------------------------------------|-----------|
| 1. Has t                                                                                                                               | he issuer so                                     | old, or does                               | s the issue:                           | r intend to                                  | sell, to nor                                 | n-accredite                                | d investors                                | in this of                                    | fering?                                           |                                | Yes                                   | No        |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               | -                                                 |                                | المسئلة                               | Armil.    |
| 2. What                                                                                                                                | is the mini                                      | mum inves                                  | tment that                             | will be ac                                   | cepted from                                  | n any indiv                                | vidual?                                    |                                               |                                                   |                                | \$ <u>1</u>                           | None      |
|                                                                                                                                        | .1 00 1                                          | ••                                         |                                        |                                              | 1 1.0                                        |                                            |                                            |                                               |                                                   |                                | Yes                                   | No        |
|                                                                                                                                        | _                                                | -                                          |                                        | •                                            | _                                            |                                            |                                            |                                               |                                                   |                                | 1                                     |           |
| comm<br>If a pe<br>or stat                                                                                                             | ission or sin<br>rson to be li<br>es, list the r | nilar remui<br>sted is an a<br>name of the | neration fo<br>issociated<br>broker or | r solicitatio<br>person or a<br>dealer. If i | on of purcha<br>gent of a br<br>nore than fi | asers in con<br>oker or dea<br>ve (5) pers | nection wi<br>ler register<br>ons to be li | th sales of s<br>red with the<br>isted are as | securities in<br>SEC and/                         | n the offering<br>or with a st | ng.<br>ate                            |           |
| Full Name                                                                                                                              | (Last name                                       | first, if in                               | dividual)                              |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| Business of                                                                                                                            | r Residence                                      | Address (                                  | Number a                               | nd Street,                                   | City, State,                                 | Zip Code)                                  |                                            |                                               |                                                   |                                |                                       |           |
| Name of A                                                                                                                              | ssociated B                                      | roker or D                                 | ealer                                  |                                              |                                              |                                            |                                            |                                               | _                                                 |                                |                                       |           |
| States in W                                                                                                                            | hich Person                                      | Listed H                                   | s Solicite                             | d or Intend                                  | ls to Solicit                                | Purchaser                                  | s                                          |                                               |                                                   |                                | · · · · · · · · · · · · · · · · · · · |           |
| (Check                                                                                                                                 | "All State                                       | s" or check                                | individua                              | al States)                                   | •••••                                        |                                            |                                            | ***************************************       | •••••••••••••••••••••••••••••••••••••••           |                                | 🔲 А                                   | ll States |
| AL                                                                                                                                     | AK                                               | AZ                                         | AR                                     | CA                                           | CO                                           | CT                                         | DE                                         | DC                                            | FL                                                | GA                             | HI                                    | П         |
| IL                                                                                                                                     | IN                                               | IA                                         | KS                                     | KY                                           | LA                                           | ME                                         | MD                                         | MA                                            | MI                                                | MN                             | MS                                    | MO        |
| MT                                                                                                                                     |                                                  | NV                                         | NH                                     |                                              |                                              |                                            |                                            |                                               | OH                                                |                                | OR                                    | PA        |
| [RI]                                                                                                                                   | (SC)                                             | ( <u>SD)</u>                               | IN                                     | <u>1X</u>                                    | [01]                                         | VI                                         | [VA]                                       | WA.                                           | [WV]                                              | WI                             | WY                                    | PR        |
| Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this ordering?                                  |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| N                                                                                                                                      | and and De                                       | -1 D                                       | -1                                     |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| Name of As                                                                                                                             | sociated Br                                      | oker or De                                 | aler                                   |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| States in Wl                                                                                                                           | nich Person                                      | Listed Ha                                  | s Solicited                            | or Intend                                    | to Solicit                                   | Purchasers                                 |                                            |                                               |                                                   |                                |                                       | ·-·       |
| (Check                                                                                                                                 | "All States                                      | " or check                                 | individua                              | States)                                      | •••••••                                      |                                            |                                            |                                               |                                                   |                                | . 🔲 Al                                | l States  |
| AL                                                                                                                                     | ĀK                                               | AZ                                         | ĀR                                     | CA                                           | CO                                           | CT                                         | DE                                         | DC                                            | FL                                                | GA                             | HI                                    | ID        |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            | [ <del>7 2 k</del> ]                       |                                               | [ <del>11                                  </del> |                                | <u> </u>                              |           |
| Full Name (.                                                                                                                           | Last name i                                      | arst, if indi                              | ividual)                               |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| Business or                                                                                                                            | Residence                                        | Address (N                                 | Number an                              | d Street, C                                  | ity, State, Z                                | Zip Code)                                  |                                            |                                               |                                                   |                                |                                       |           |
| Name of Ass                                                                                                                            | sociated Bro                                     | oker or De                                 | aler                                   |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| States in Wh                                                                                                                           | ich Derson                                       | Listed Was                                 | Colinitad                              | or Intends                                   | to Soligit T                                 | urchanere                                  |                                            |                                               |                                                   |                                |                                       |           |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               | *************                                     |                                |                                       | States    |
|                                                                                                                                        |                                                  |                                            |                                        |                                              | _                                            |                                            |                                            |                                               |                                                   |                                |                                       |           |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
|                                                                                                                                        |                                                  |                                            |                                        |                                              |                                              |                                            |                                            |                                               |                                                   |                                |                                       |           |
| RI                                                                                                                                     |                                                  |                                            | TN                                     |                                              | UT                                           | $\overline{VT}$                            | VA                                         | WA                                            |                                                   | _                              |                                       |           |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C.OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1  | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                                                                                                              | ς              |                    |                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|-------------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                       |                | regate<br>ng Price | Amount Already<br>Sold        |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                   | \$             |                    | \$                            |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                 | <u>\$</u> 1,0  | 00,000             | \$ 1,000,000                  |
|    | X Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                   |                | _                  |                               |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                            | \$             |                    | \$                            |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                  | \$             |                    |                               |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                        | \$             |                    | \$                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                |                    |                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               | _              |                    | • • —                         |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                |                    | Aggregate                     |
|    |                                                                                                                                                                                                                                                                                                                                                                                        | Numl<br>Inves  |                    | Dollar Amount<br>of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                   | 1              |                    | \$_1,000,000                  |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                               |                |                    | \$                            |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                | 0 1            |                    | \$ 1,000,000                  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                               |                |                    |                               |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                             |                |                    |                               |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                       | Type<br>Securi | ity                | Dollar Amount<br>Sold         |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                               |                |                    | \$                            |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                           |                |                    | \$                            |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                               |                |                    | \$                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                |                    | \$ 0.00                       |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                |                    |                               |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                  |                |                    | B                             |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                           |                |                    | S                             |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                             |                |                    | 3                             |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                        |                |                    | 3                             |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                       |                |                    |                               |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                   |                |                    |                               |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                              |                |                    |                               |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                  |                | י ב                | 0 ·                           |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RIGE XUMBOROLINA PLOKE DXURIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | CAN THE PARTY OF T |                       |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|            | and total expenses furnished in response t                                                                                                                                                                                                                                                                                                                                                                                                                     | gregate offering price given in response to Part to Part C — Question 4.a. This difference is the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | "adjusted gross                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.00<br>\$            |
| <b>5.</b>  | each of the purposes shown. If the am checkthe box to the left of the estimate.                                                                                                                                                                                                                                                                                                                                                                                | nount for any purpose is not known, furnish a<br>The total of the payments listed must equal the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | m estimate and                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Payments to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                     |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Officers,<br>Directors, &<br>Affiliates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Payments to<br>Others |
|            | Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                              | ppopurer menda habadalika e kaladoh daladoh an menerili shi bete i labolaki e im ale eda botti ga ee ee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _ 🗆 \$                |
|            | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·····                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
|            | Purchase, rental or lessing and installati                                                                                                                                                                                                                                                                                                                                                                                                                     | ion of machinery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|            | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . 🗆 \$                |
|            | offering that may be used in exchange fo                                                                                                                                                                                                                                                                                                                                                                                                                       | or the assets or securities of another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | r .                   |
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| 72.17.0 64 | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.  Payments to Officers, Directors, & Affiliates  Salaries and fees |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| signat     | ture constitutes an undertaking by the issu                                                                                                                                                                                                                                                                                                                                                                                                                    | uer to furnish to the U.S. Securities and Excha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | inge Compresion                         | , upon written                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
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intentional missistements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| TO TOTAL  |                                                                                        |                                                                                                                                                                                                           | <b>的现在分词</b>         |                            |
|-----------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------|
| 1.        | Is my party described in 17 CFR 230,262 provisions of such rule?                       | presently subject to any of the disqualification                                                                                                                                                          | Yes                  | No                         |
|           | 2                                                                                      | ee Appendix, Column 5, for state response.                                                                                                                                                                |                      |                            |
| 2.        | The undersigned issuer hereby undertakes t<br>D (17 CFR 239.500) at such times as requ | o furnish to any state administrator of any state in which this notice is fi<br>ired by state law.                                                                                                        | led a no             | lice on Form               |
| 3.        | The undersigned issuer hereby undertakes issuer to offerees.                           | to furnish to the state administrators, upon written request, informati                                                                                                                                   | ion firm             | ished by the               |
| 4.        | limited Offering Exemption (ULOE) of the                                               | issuer is familiar with the conditions that must be satisfied to be enti<br>state in which this notice is filed and understands that the issuer clain<br>shing that these conditions have been satisfied. | tled to t<br>ing the | he Uniform<br>availability |
|           | er has read this notification and knows the con<br>horized person.                     | tents to be true and has duly caused this notice to be signed on its behalf                                                                                                                               | by the u             | ndersigned                 |
| lesner (1 | rint er Type)                                                                          | Signature, Date                                                                                                                                                                                           |                      |                            |
| Kids      | ational, Inc.                                                                          | Columnol C. Harris 11-5                                                                                                                                                                                   | -04                  |                            |
| Name (P   | riui or Type)                                                                          | Title (Print or Type)                                                                                                                                                                                     | · <u>'</u> -         |                            |
| Edwa      | rd J. Howie                                                                            | Vice President                                                                                                                                                                                            |                      |                            |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|           |                                                                                                                                         | E. STATE/SIGNATI                 | RE .                |                        |                |              |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|------------------------|----------------|--------------|--|
| 1.        | Is any party described in 17 CFR 230.262 p provisions of such rule?                                                                     |                                  | -                   |                        | Yes<br>        | No           |  |
|           | See                                                                                                                                     | Appendix, Column 5, for st       | tate response.      |                        |                |              |  |
| 2.        | The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as require                                                 |                                  | ator of any state i | in which this notice i | is filed a not | tice on Form |  |
| 3.        | The undersigned issuer hereby undertakes to issuer to offerees.                                                                         | furnish to the state adminis     | trators, upon wr    | itten request, inforn  | nation furn:   | ished by the |  |
| 4.        | The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish | ate in which this notice is fil  | ed and understar    | nds that the issuer cl |                |              |  |
|           | er has read this notification and knows the conte<br>horized person.                                                                    | ents to be true and has duly cau | used this notice to | o be signed on its bel | half by the u  | ındersigned  |  |
| Issuer (F | rint or Type)                                                                                                                           | Signature                        | 7                   | Date                   |                |              |  |
| KidS      | ational, Inc.                                                                                                                           |                                  | F                   |                        |                |              |  |
| Name (P   | rint or Type)                                                                                                                           | Title (Print or Type)            |                     |                        |                |              |  |

Vice President

#### Instruction:

Edward J. Howie

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       | Sinke William<br>Sink Sink     | 1.15 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | <b>A</b>                             | PPENDIX   |                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |
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| 1     | Intend<br>to non-a<br>investor | 2 I to sell ccredited s in State -Item 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | amount pu | 4 f investor and archased in State t C-Item 2) |          | under Sta<br>(if yes,<br>explana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lification<br>ate ULOE<br>attach<br>ation of<br>granted) |
| State | Yes                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors       | Amount   | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                                       |
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|       | derois.            |                                                     |                                                                                            | AP                                   | PENDIX   |                                                            |        | e Bourn Made a                                  | e de la composition della comp |
|-------|--------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------|------------------------------------------------------------|--------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | to non-<br>investo | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | amount p | 4<br>of investor and<br>ourchased in State<br>rt C-Item 2) |        | Disqua<br>under S<br>(if yes<br>explar<br>waive | salification<br>tate ULOE<br>a, attach<br>nation of<br>granted)<br>E-Item 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| State | Yes                | No                                                  |                                                                                            | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors                   | Amount | Yes                                             | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| NC    | ,                  |                                                     |                                                                                            |                                      |          |                                                            |        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| PA    |                    |                                                     |                                                                                            |                                      |          |                                                            |        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| TX    |                    | Х                                                   | Common up to \$1,000,000                                                                   | 1                                    | \$1,000, | 00 0                                                       | 0      |                                                 | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| wv    |                    |                                                     |                                                                                            |                                      |          |                                                            |        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 1     |          | 2                                                   | 3                                                                                          | APP                                                                  | APPENDIX 4 |                                          |        |                                                                           | ilification |                                         |                                              |
|-------|----------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------|------------------------------------------|--------|---------------------------------------------------------------------------|-------------|-----------------------------------------|----------------------------------------------|
|       | to non-a | d to sell<br>accredited<br>as in State<br>a-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |            |                                          |        | under S (if ye Type of investor and expla amount purchased in State waive |             | under St<br>(if yes<br>explan<br>waiver | ate ULOE, attach attion of granted) -Item 1) |
| State | Yes      | No                                                  |                                                                                            | Number of<br>Accredited<br>Investors                                 | Amount     | Number of<br>Non-Accredited<br>Investors | Amount | Yes                                                                       | No          |                                         |                                              |
| WY    |          |                                                     |                                                                                            |                                                                      |            |                                          |        |                                                                           |             |                                         |                                              |
| PR    |          |                                                     |                                                                                            |                                                                      |            |                                          |        |                                                                           | - Inches    |                                         |                                              |